

<b>Index of Claims</b>		Application No.	Applicant(s)
		09/675,619	CASTELL ET AL.
		Examiner	Art Unit
		Lisa Lea-Edmonds	2835

<input checked="" type="checkbox"/>	Rejected	<input type="checkbox"/>	(Through numeral) Cancelled	<input type="checkbox"/>	Non-Elected	<input type="checkbox"/>	Appeal
<input type="checkbox"/>	Allowed	<input type="checkbox"/>	Restricted	<input type="checkbox"/>	Interference	<input type="checkbox"/>	Objected

Claim	Date
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